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Virginia Department of Agriculture & Consumer Services State Veterinarian - Division of Animal Industry Services P. O. Box 1163

Humane Investigator Investigation Report

	Richmond Telephone: 804-786-24	8 804-371-238	Complete this form in accordance with '3.1-796.106:2.C., Code of Virginia. This form is to be maintained for a period of five (5) years.					
Owner=s Name & Address					Telephone			
				Date				
					Time of Arrival			
				Time of Departure				
Directions:								
General Description of Animal(s): (Include species, breed, sex, etc.)								
Weather (Circle)	Sunny Clou Snow/Ice	udy	Partly Cloudy Raini		Raining	Approximate Temperature		
OBSERVATIONS		YES	NO		СОМ	MENTS		
SHELTER								
Adequate size								
Clean								
Needs repair/replacement								
Provides protection from sun/weather extremes								
WATER								
Available - Adequate quantity								
Clean (water & container)								
CHAIN/TETHER								
Adequate length								
Appropriate weight for animal								
Tangled - wrapped								
Danger to animal-s safety								
COLLAR								
Present								
Adequate for animal								
Danger to animal-s safety								
GENERAL ANIMAL APPEARANCE								
Appears healthy/well fed								
Appears sick								
Appears malnourished								
Appears to need vete								
Appears to require eu								
Veterinary evaluation								

ACTIONS TAKEN (Mark all those that apply)			COMMENTS			
		given to owner of corrective actions needed				
	Warning Notice	e left on owner-s door				
		pending charges and court date f Animal Custody Record)				
		rted to veterinarian for treatment f treatment record)				
	Name of facility	rted to boarding facility pending court action				
	Owner surrend	ered custody of animal f surrender form)				
	Photographs ta					
	Care literature					
	Care literature	left with warning notice on owner-s door				
	Copy of law lef	t with owner				
	Copy of law lef	t with warning notice on owner-s door				
	Called local an	imal control for assistance				
	Cruelty charge	s filed)				
	Commonwealth	≿ Attorney Contacted:				
	Telephone:					
	Other:					
		FOLLO	N-UP ACTIONS			
	Follow-up visit	scheduled for				
	Court date scheduled for(Date, Time, Place)					
Outcome of case:						
Date case closed:						
Investigator Signature						
Printed Name			Date			